

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

(FILING DATE)

APPLICANT(S)

**09/155327**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5	1					
6	1					
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
15	1					
16		1				
17		1				
18	1					
19		2				
20		2				
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48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.		84				
TOTAL CLAIMS	30					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						